

## Jurisdictional Documents and Notices

Civil Action Number: 2:17-01146

Claimant: Trish Ann Fontana

Account Number: 197-56-3849

### Exhibits

<b>Exhibit No.</b>	<b>Description</b>	<b>Page No.</b>	<b>No. of Pages</b>
6B	Hearing Notice, dated 09/30/2014	101-126	26
7B	Acknowledge Notice of Hearing/Will be present, dated 09/30/2014	127-128	2
8B	Resume of Vocational Expert Samuel E. Edelman, M.Ed., dated 11/14/2014	129-130	2
9B	Notice Of Hearing Reminder, dated 11/19/2014	131-136	6
10B	Request for Review of Hearing Decision/Order, dated 04/06/2015	137-139	3

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DATE: April 18, 2018

The documents and exhibits contained in this administrative record are the best copies obtainable.



Refer To:  
197-56-3849  
Trish Ann Fontana

Office of Disability Adjudication and Review  
Suite 2308  
1000 Liberty Avenue  
Pittsburgh, PA 15222-4023  
Tel: (866)331-2291 / Fax: (412)644-4200

September 30, 2014

Trish Ann Fontana  
3130 Glendale Ave  
Pittsburgh, PA 15227

### NOTICE OF HEARING

**Please bring this notice of hearing with you to the hearing.**

I have scheduled your hearing for:

**Day:** Wednesday      **Date:** December 3, 2014      **Time:** 10:30 AM  
Eastern (ET)

**Room:** 1      **Address:** William S Moorehead  
Federal Building  
Suite 2308  
1000 Liberty Avenue  
Pittsburgh, PA 15222

### It Is Important That You Attend Your Hearing

I have set aside this time for you to tell me about your case. If you do not attend the hearing and I do not find that you have a good reason, I may **dismiss** your request for hearing. I may do so without giving you further notice.

You may ask us if you want to appear by telephone. I will grant your request if I find that extraordinary circumstances prevent you from appearing in person or by video teleconferencing.

You **must** bring valid picture identification (ID) to your hearing. Examples of acceptable picture ID include a:

- **Current and valid U.S. State driver's license;**
- **U.S. State-issued identity card;**

Form HA-83 (09-2014)  
Representative

### Suspect Social Security Fraud?

**Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline  
at 1-800-269-0271 (TTY 1-866-501-2101).**

See Next Page

- **Current U.S. passport; or**
- **U.S. military ID/dependent military ID.**

If you do not have any of these forms of ID, please bring another form of picture ID with you. Proper ID is also required for your representative (if you have one), a friend, or a member of your family who comes with you to the hearing. Without proper ID, you may not be able to enter the building where your hearing is being held. This could stop or delay your hearing.

### **Complete the Enclosed Form**

Please complete and return the enclosed acknowledgement form at the earliest possible opportunity. Please use the enclosed envelope to return the form to us. We assume you received this notice 5 days after the date on it unless you show us that you did not get it within the 5-day period. We sent your representative a copy of the acknowledgment form. Your representative also should return his or her copy of the form.

### **If You Cannot Attend Your Scheduled Hearing**

If you are not able to attend your hearing at the time and place I have set, please call this office immediately.

If you wish to change the time or place of your hearing, you must ask for a change. Your request must be in writing to tell me why you need the change and the time and place you would like the hearing held.

You must ask for this change before the earlier of the two dates described below. The first date is 30 days after you receive this notice. The second date is 5 days before the date of your hearing. If you delay in asking for a change, I will also decide whether you have a good reason for the delay. I will rule on your request based on our standards for deciding if there is a good reason for changing the time and place of your hearing.

I will decide whether you have a good reason for requesting the change. If I find you have a good reason for your request, I will set a new time and place for your hearing. I will also send another notice giving you the new time and place of your hearing at least 20 days before the new date of the hearing.

### **You May Submit More Evidence and Review Your File**

It is very important that the evidence in your file is complete and up-to-date. If there is more evidence, such as recent records, reports, or evaluations that you want me to see, please mail or bring that evidence to me as soon as possible. If you cannot submit the evidence to me before the hearing, you may bring it to the hearing. Submitting evidence to me before the hearing can often prevent delays in reviewing your case.

If you want to see your file before the date of your hearing, please call this office and make arrangements. If your file is electronic, you may ask for a copy on a compact disc. You may also review your file on the day of your hearing if you come in at least 30 minutes before the time set for your hearing. Please call us in advance if you will need more than 30 minutes to review your file.

### **Issues I Will Consider**

The hearing concerns your application of March 20, 2013, for a Period of Disability and Disability Insurance Benefits under sections 216(i) and 223(a) of the Social Security Act (the Act). I will consider whether you are disabled under sections 216(i) and 223(d) of the Act.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted 12 straight months, can be expected to last for 12 straight months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B and Subpart P.

### **More About the Issues**

If I find that you have been disabled, I will also consider whether your disability continues through the date of the decision or whether your condition(s) has improved.

If I find that you are disabled and that you have a substance use disorder (drug, alcohol, or both), I also will decide whether it is a contributing factor material to the determination of disability. This means I will decide whether you would be disabled if you were not using drugs or alcohol. If drug addiction or alcoholism is a contributing factor material to the determination of your disability, I will find you not disabled under Sections 223(d)(2), or 1614(a)(3), or 223(d)(2) and 1614(a)(3) of the Social Security Act.

**Remarks**

A vocational expert will testify at your hearing.

**If You Disagree With the Issues**

If you disagree with the issues or remarks listed above, you must tell me in writing why you disagree. To prevent delays, you must tell me as soon as possible.

**Your Right To Request a Subpoena**

I may issue a subpoena that requires a person to submit documents or testify at your hearing. I will do this if the person has evidence or information that you reasonably need to present your case fully.

If you want me to issue a subpoena, you must write to me as soon as possible. I must receive your request no later than 5 days before your hearing. In your request, please tell me:

- What documents you need and/or who the witnesses are;
- The location of the documents or witnesses;
- The important facts you expect the document or witness to prove; and
- Why you cannot prove these facts without a subpoena.

**What Happens At the Hearing?**

- I will ask you and any other witnesses to take an oath or to affirm that the testimony is true.
- You will have a chance to testify and tell me about your case.
- You and your representative (if you have one) may submit documents, present and question witnesses, state your case, and give written statements about the facts and law.

- I will ask you and any other witnesses questions that will help me make a decision in your case.
- We will make an audio recording of the hearing.

**Travel Costs**

We can pay certain travel costs when you, your representative, or needed witnesses must travel more than 75 miles to the hearing. A sheet is enclosed to tell you about our rules for paying travel costs. Please call this office if you want more information.

**The Decision**

After the hearing, I will issue a written decision and mail it to you. The decision will explain my findings of fact and conclusions of law. I will base my decision given all the evidence of record, including the testimony at your hearing.

**If You Have Any Questions**

If you have any questions, please call, **(866)331-2291**, or write this office. For your convenience, our address is on the first page of this notice.

Sincerely,

John J. Porter  
Administrative Law Judge

**Enclosures:**

Form HA-L32 (Electronic Disability Claims Processing Insert)  
Form HA-504 (09-2003) ef (09-2014)  
Form HA-4631 (Claimant's Recent Medical Treatment)  
Form HA-4632 (Claimant's Medications)  
Form HA-4633 (Claimant's Work Background)  
Form HA-L84 (Vocational Expert Letter)  
Barcode Sheet

cc: Lawrence Bolind  
238 Main Street  
Imperial, PA 15126

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**When we can pay travel expenses**

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If you must travel more than 75 miles one way from your home or office to attend the hearing, we can pay certain costs. Here are the rules that apply:

- We can pay expenses such as the cost of a bus ticket or expenses for driving your car.
- In certain circumstances, you may need meals, lodging, or taxicabs. The Administrative Law Judge (ALJ) must approve these special travel costs **before the hearing unless** the costs were unexpected and unavoidable.
- The ALJ may also approve payment of similar travel expenses for your representative and any witnesses he or she determines are needed at the hearing.
- You must submit a written request for payment of travel expenses other than meals, lodging, or taxicabs to the ALJ at the time of the hearing or as soon as possible after the hearing. List what you spent and include supporting receipts. If you requested a change in the scheduled location of the hearing to a location farther from your residence, we cannot pay you for any **additional** travel expenses.
- If you need money for travel costs in advance, you should tell the ALJ as soon as possible **before the hearing**. We can make an advance payment only if you show that without it you would not have the funds to travel to or from the hearing.
- If you receive travel money in advance, you must give the ALJ an itemized list of your actual travel costs and receipts within 20 days after your hearing.
- If we gave you an advance payment that is more than the amount you are due for travel costs, you must pay back the difference within 20 days after we tell you how much you owe us.
- If we reimburse you for travel costs we follow the rules in the Code of Federal Regulations and apply the same rates and conditions of payment that govern travel expenses for Federal employees. 41 CFR Chapter 301 and 20 CFR 404.999a-999d.



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Sincerely,

John J. Porter  
Administrative Law Judge

**Enclosures:**

Form HA-504 (09-2003) ef (09-2014)

Form HA-L84 (Vocational Expert Letter)

cc: Lawrence Bolind  
238 Main Street  
Imperial, PA 15126

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**When we can pay travel expenses**

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- The ALJ may also approve payment of similar travel expenses for your representative and any witnesses he or she determines are needed at the hearing.
- You must submit a written request for payment of travel expenses other than meals, lodging, or taxicabs to the ALJ at the time of the hearing or as soon as possible after the hearing. List what you spent and include supporting receipts. If you requested a change in the scheduled location of the hearing to a location farther from your residence, we cannot pay you for any **additional** travel expenses.
- If you need money for travel costs in advance, you should tell the ALJ as soon as possible **before the hearing**. We can make an advance payment only if you show that without it you would not have the funds to travel to or from the hearing.
- If you receive travel money in advance, you must give the ALJ an itemized list of your actual travel costs and receipts within 20 days after your hearing.
- If we gave you an advance payment that is more than the amount you are due for travel costs, you must pay back the difference within 20 days after we tell you how much you owe us.
- If we reimburse you for travel costs we follow the rules in the Code of Federal Regulations and apply the same rates and conditions of payment that govern travel expenses for Federal employees. 41 CFR Chapter 301 and 20 CFR 404.999a-999d.

### **Electronic Disability Claims Processing**

Social Security is changing from a paper to an electronic disability claims process in order to improve the quality and timeliness of our decisions. Your client's disability claim file is being processed electronically. Your claimant's rights under the Social Security Act remain the same.

When your client's case is exhibited, we will forward a copy of the file to you on a compact disc (CD). We will also provide you a copy of the file on CD on the day of the hearing. Should you require a copy of the file at any other time, please contact the hearing office.

Additional evidence should be submitted within the timeframes for the submission of evidence discussed in the notice. **The preferred way to submit evidence to the electronic folder is by using one of the following three methods:**

- **Send the evidence using the Electronic Records Express (ERE) website. If you have not registered to use the ERE website, contact your local hearing office.**
- **Fax the evidence using this fax number -- (877)548-8812. Remember that the enclosed barcode must be the first page for each document being faxed.**
- **Send the evidence to the contract scanner listed below. The barcode must be the first page of each document. DO NOT SEND ORIGINAL DOCUMENTS. DOCUMENTS ARE NOT RETURNED.**

**Pittsburgh, PA ODAR  
P. O. Box 9033  
London, KY 40742-9033**

**You may also send the evidence by mail or deliver it to the hearing office but there may be a delay in associating the evidence with the electronic file.**

**NOTE:** The attached barcode pertains to your client's disability claim file only. Please keep the original barcode sheet for submitting all documents on this case. Bar codes may be used more than once when faxing evidence into the electronic file.

114

## Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 702, 1631(e)(1)(A) and (B), and (1869)(b)(1) and (c) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to continue processing your claim.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate and timely decision on your claim and may affect the receipt of benefits under the Social Security Act.

We rarely use the information you supply us for any purpose other than to process your claim. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census).

We may also use the information you give us in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses of the information you provided us is available in our System of Records Notice entitled, Claims Folder System, 60-0089. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*



Form Approved  
OMB NO. 0960-0671**ACKNOWLEDGEMENT OF RECEIPT (NOTICE OF HEARING)**

(COMPLETE THIS FORM AND RETURN IT AT ONCE IN THE ENVELOPE PROVIDED. NO POSTAGE IS NECESSARY)

Claimant: Trish Ann Fontana	Social Security Number: 197-56-3849
Wage Earner:	Administrative Law Judge: John J. Porter
Hearing Scheduled: Wednesday, December 3, 2014 at 10:30 AM Eastern (ET)	Hearing Office: Pittsburgh
Location of Hearing: Room 1  William S Moorehead Federal Building Suite 2308 1000 Liberty Avenue Pittsburgh, PA 15222	

(Check only one)

☐ **I will be present at the time and place shown on the Notice of Hearing.** If an emergency arises after I mail this form and I cannot be present, I will immediately notify you at the telephone number shown on the Notice of Hearing.

☐ **I cannot be present at the time and place shown on the Notice of Hearing.** I request that you reschedule my hearing because:

NOTE: YOUR REQUEST FOR HEARING MAY BE DISMISSED IF YOU DO NOT ATTEND THE HEARING AND CANNOT GIVE A GOOD REASON FOR NOT ATTENDING. THE TIME OR PLACE OF THE HEARING WILL BE CHANGED IF YOU HAVE A GOOD REASON FOR YOUR REQUEST.

Signature:	Date:	Area Code and Telephone Number:
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☐ I have recently moved. My new address is:

## Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 702, 1631(e)(1)(A) and (B), and (1869)(b)(1) and (c) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to continue processing your claim.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate and timely decision on your claim and may affect the receipt of benefits under the Social Security Act.

We rarely use the information you supply us for any purpose other than to process your claim. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census).

We may also use the information you give us in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses of the information you provided us is available in our System of Records Notice entitled, Claims Folder System, 60-0089. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

Social Security Administration  
Office of Disability Adjudication and ReviewForm Approved  
OMB No. 0960-0292**CLAIMANT'S RECENT MEDICAL TREATMENT****A. To be completed by hearing office**(Claimant and Social Security Number)  
Trish Ann Fontana  
197-56-3849(Wage Earner and Social Security Number)  
(Leave blank if same as claimant)The last time we brought your  
case up-to-date was:  
September 16, 2013**B. To be completed by claimant****PLEASE PRINT****Please Answer the Following Questions:**(1) Have you been treated or examined by a doctor (other than a doctor at a hospital) since the above date? ☐ Yes ☐ No*(If yes, please list the name, addresses and telephone numbers of doctors who have treated or examined you since the above date. Also list dates of treatment or examination. If possible, send updated reports from these doctors to the Administrative Law Judge prior to the date of your hearing.)*

DOCTORS' NAME(S)	ADDRESS(ES) & TELEPHONE NO.(S)	DATE(S)

(2) What have these doctors told you about your condition?

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(3) Have you been hospitalized since the above date? ☐ Yes ☐ No*(If yes, please list the name and address of the hospital. Also explain why you were hospitalized and what treatment you received.)*

Name of Hospital

Address of Hospital (Include ZIP Code)

Reason for hospitalization:

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Treatment received:

Form **HA-4631** (8-1996) ef (6-2009)  
Issue Old StockRQID:0000000000000000141030684 SITE:Y12 DR:S  
SSN:197563849 DOCTYPE:3040 RF:D CS:1260If more space is needed,  
use additional sheets.

**Privacy Act Statement****Collection and Use of Personal Information**

Sections 205, 1631(d)(1), and 1872 of the Social Security Act, as amended authorize us to collect this information. We will use this information to evaluate your reason for failing to appear at your scheduled hearing.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the requested information may affect our ability to re-evaluate the decision on your claim.

We rarely use the information you supply for any purpose other than for determining problems in Social Security programs. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal Laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and the Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs as at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete use of routine uses for this information is available in our Systems of Records Notices, 60-0009, Hearings and Appeals Case Control System, and 60-0010, Hearing Office Tracking System of Claimant Cases. These notices, additional information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-0292. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

Form Approved  
OMB No.0960-0289

**Privacy Act Statement****Collection and Use of Personal Information**

Sections 205, 1631(d)(1), and 1872 of the Social Security Act, as amended authorize us to collect this information. We will use this information to evaluate your reason for failing to appear at your scheduled hearing.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the requested information may affect our ability to re-evaluate the decision on your claim.

We rarely use the information you supply for any purpose other than for determining problems in Social Security programs. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal Laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and the Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs as at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete use of routine uses for this information is available in our Systems of Records Notices, 60-0009, Hearings and Appeals Case Control System, and 60-0010, Hearing Office Tracking System of Claimant Cases. These notices, additional information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-0289. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

SOCIAL SECURITY ADMINISTRATION  
Office of Disability Adjudication and Review

Form Approved  
OMB No. 0960-0300

### CLAIMANT'S WORK BACKGROUND

A. To be completed by Hearing Office

(Claimant and Social Security Number)

(Wage Earner and Social Security Number)  
(Leave blank if same as claimant)

The last time we brought your case  
up-to-date was:  
September 16, 2013

Trish Ann Fontana  
197-56-3849

B. To be completed by the claimant

### PLEASE PRINT

Start with your most recent job, and list that and any work performed within the past 15 years.

DATE OF EMPLOYMENT (APPROXIMATELY)	NAME OF EMPLOYER AND LOCATION OF EMPLOYMENT	DUTIES PERFORMED
FROM		
TO		
FROM		
TO		
FROM		
TO		

Form **HA-4633** (3-1994) ef (6-2009)  
Issue Old Stock



RQID:0000000000000000141030687 SITE:Y12 DR:S  
SSN:197563849 DOCTYPE:3050 RF:D CS:4044

If more space is needed,  
use additional sheets.

**Privacy Act Statement****Collection and Use of Personal Information**

Sections 205(a), 702, 1631 (e)(1)(A) and (B) and 1869(b)(1)(C) of the Social Security Act, as appropriate, authorize us to collect the information on this form. The information you provide will help us to determine your potential eligibility for benefit payments and/or help us to decide if additional information is needed. Your response is voluntary. However, failure to provide the requested information may prevent an accurate and timely decision on any claim filed, or could result in the loss of benefits.

We rarely use the information provided on this form for any purpose other than for determining entitlement to benefit payments. In accordance with 5 U.S.C. § 552a(b) of the Privacy Act, however, we may disclose the information provided on this form in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level;
3. To comply with Federal laws requiring the disclosure of the information from our records; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs. The law allows us to do this even if you do not agree to it.

Additional information regarding this form, routine uses of information, and other Social Security programs are available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.**





Refer To:  
197-56-3849  
Trish Ann Fontana

Office of Disability Adjudication and Review  
Suite 2308  
1000 Liberty Avenue  
Pittsburgh, PA 15222-4023  
Tel: (866)331-2291 / Fax: (412)644-4200

September 25, 2014

Samuel E Edelmann  
1110 Windemere Drive  
Pittsburgh, PA 15218

Dear Samuel E Edelmann:

The claimant named below has an application pending for disability benefits. A hearing for the claimant is scheduled, date and time shown below.

Name of Claimant: Trish Ann Fontana Birth date: 06/02/1967 SSN: 197-56-3849

Date and Time: Wednesday, December 3, 2014 at 10:30 AM Eastern (ET)

You are requested to appear and give testimony as a vocational expert in the above hearing.

Address: William S Moorehead  
Federal Building  
Suite 2308  
1000 Liberty Avenue  
Room: 1  
Pittsburgh, PA 15222

Your testimony will primarily cover the following period:

June 6, 2011 through the present.

Your presence throughout the hearing is desired since your testimony will be based, in part, on the testimony given by the claimant and any other witnesses, including a medical advisor if needed. Copies of the pertinent exhibits (and a list of these exhibits) tentatively selected for inclusion in the record of this case will be mailed under separate cover if not enclosed with this notice. Please bring this material to the hearing.

For additional information concerning your testimony, please see the attachment to this form letter.

Your charges for this service should be submitted in accordance with your contract with the Social Security Administration.

Sincerely yours,

John J. Porter  
Administrative Law Judge

Enclosures

### IMPORTANT INFORMATION

NOTE: IT IS REQUIRED THAT YOU DISQUALIFY YOURSELF IF YOU HAVE HAD ANY PRIOR KNOWLEDGE OF THIS CLAIMANT OR EXPERIENCE IN THIS CASE OTHER THAN AS A VOCATIONAL EXPERT FOR THE OFFICE OF DISABILITY ADJUDICATION AND REVIEW.

While medical factors alone may justify a finding that the claimant is or is not disabled, it is necessary in some cases to consider vocational factors in order to determine whether or not the claimant is able to engage in any substantial gainful activity. Two basic questions will be presented to you at this hearing.

The first question pertains to the kind of work, if any, the claimant can do in light of prior work activity and residual functional capacity considering age, education, training and work experience. Your testimony will be predicated on various assumptions, posed at the hearing, with respect to the claimant's residual functional capacity. You will not be expected to testify as to whether or not the claimant is under a disability, since you do not have the responsibility for deciding this ultimate legal issue. You should not express any opinion regarding the impairments involved and their effects on residual functional capacity, since these are medical matters. You will be requested to furnish a rationale and complete explanation for your opinions. In forming your judgment as to whether or not the claimant could transfer vocational skills to any other type of work, please consider only work which the claimant could perform after a normal period of training, usually given to new employees, rather than after extended vocational rehabilitation.

The second question is whether such work exists in the "national economy;" i.e., whether it exists in significant numbers either in the region where the claimant lives or in several other regions of the country. You should be prepared to testify from personal knowledge gained from vocational surveys of businesses and industries (whether such surveys were made by you or by other vocational experts) and from other current vocational resource materials.

Questions may also be asked of you by the claimant (or representative, if any).



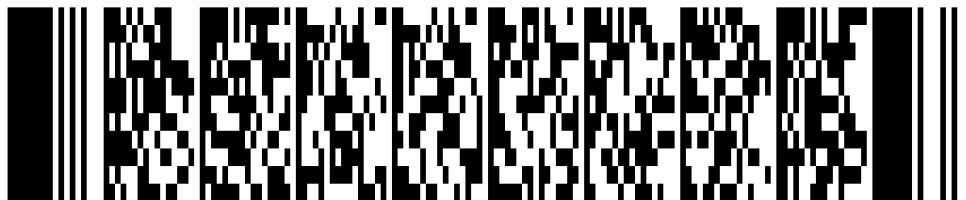
INSERT THIS END FIRST



**Please include this barcode cover sheet as the first page  
of each set of documents returned.**

**Fax the evidence to this fax number:**

**877-548-8812**




RQID:0000000000000000141030689 SITE:Y12 DR:S  
SSN:197563849 DOCTYPE:5032 RF:D CS:8c44

**Claimant: Trish Fontana**  
**SSN: 197-56-3849**

Form Approved  
OMB NO 0960-0671**ACKNOWLEDGEMENT OF RECEIPT (NOTICE OF HEARING)**

(COMPLETE THIS FORM AND RETURN IT AT ONCE IN THE ENVELOPE PROVIDED NO POSTAGE IS NECESSARY)

Claimant Trish Ann Fontana	Social Security Number 197-56-3849
Wage Earner	Administrative Law Judge John J Porter
Hearing Scheduled Wednesday, December 3, 2014 at 10 30 AM Eastern (ET)	Hearing Office Pittsburgh
Location of Hearing Room 1  William S Moorehead Federal Building Suite 2308 1000 Liberty Avenue Pittsburgh, PA 15222	 RQID:0000000000000000141030682 SITE:Y12 DR:S SSN:197563849 DOCTYPE:3005 RF:D CS:e5af

(Check only one)

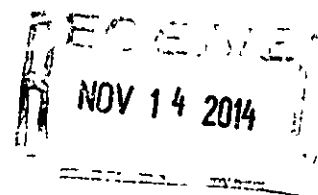
☒ I will be present at the time and place shown on the Notice of Hearing. If an emergency arises after I mail this form and I cannot be present, I will immediately notify you at the telephone number shown on the Notice of Hearing

☐ I cannot be present at the time and place shown on the Notice of Hearing. I request that you reschedule my hearing because

NOTE YOUR REQUEST FOR HEARING MAY BE DISMISSED IF YOU DO NOT ATTEND THE HEARING AND CANNOT GIVE A GOOD REASON FOR NOT ATTENDING THE TIME OR PLACE OF THE HEARING WILL BE CHANGED IF YOU HAVE A GOOD REASON FOR YOUR REQUEST

Signature <i>Trish Ann Fontana</i>	Date 9-30-14	Area Code and Telephone Number 412-882-0719
---------------------------------------	-----------------	--

☐ I have recently moved My new address is



## Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 702, 1631(e)(1)(A) and (B), and (1869)(b)(1) and (c) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to continue processing your claim.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate and timely decision on your claim and may affect the receipt of benefits under the Social Security Act.

We rarely use the information you supply us for any purpose other than to process your claim. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to Social Security benefits and/or coverage.
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs).
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level, and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census).

We may also use the information you give us in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses of the information you provided us is available in our System of Records Notice entitled, Claims Folder System, 60-0089. This notice, additional information regarding this form, and information regarding our programs and systems are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

**Samuel E. Edelman, M.Ed.**

Vocational Rehabilitation Counselor and Expert Witness

**Curriculum Vitae**

**Education**

Ohio University, Athens, Ohio. Bachelor of Arts, 1971, majoring in Political Science and Psychology.

University of California, Davis and Berkeley Campuses, Political Leadership Curriculum, 1969. No Degree.

University of Pittsburgh, Pittsburgh, PA. Masters of Education, Rehabilitation Counseling, January 1973.

**Graduate School Practicums and Internships**

ParcWay Industries- sheltered workshop for mentally retarded adults.

Allegheny East MH/MR-Evaluation and placement of disabled clients.

Pittsburgh Black Action Society- Evaluation and placement of families of heroin addicts.

Veteran's Administration Hospital, Leech Farm Road, Pittsburgh, PA. -Evaluation and placement of Vietnam Veterans.

**Work Experience**

1975-present

Private practice of vocational rehabilitation counseling and consultation. Evaluation and placement of physically and mentally disabled individuals into more productive lives. Practice includes comprehensive rehabilitation services to individuals, consultation to the legal profession, insurance industry and corporations regarding personal injury, medical malpractice, employment discrimination, family law and workers' compensation cost control. In addition, I

( )

am an independent and unbiased consultant expert witness to the Bureau of Hearings and Appeals, Social Security Administration.

January 1976 -June 1978

University of Pittsburgh, School of Health Related Professions, Clinical Senior Lecturer (Academic Title).

Coordinator of Cancer Rehabilitation Services, Cancer Rehabilitation Coordination Team, University Health Center Pittsburgh, as well as Coordinator of vocational rehabilitation services, Magee-Women's Hospital, Pittsburgh (clinical titles).

Responsibilities: Coordination of rehabilitation services for cancer patients of nine University of Pittsburgh Health Center hospitals. Duties included direct patient service, clinical research, in-service training of healthcare professionals and coordination of inpatient and outpatient services.

March 1975 – December 1975

Clinical Specialist, Western Psychiatric Institute and Clinic

Responsibilities: Psychiatric triage, patient evaluation, referral, follow-up, crisis intervention, counseling, inpatient psychiatric interviewing, evaluation, diagnosis and disposition.

March 1974-March 1975

Drug Abuse Specialist, Comprehensive Drug Abuse Program, Western Psychiatric Institute and Clinic.

Responsibilities: Individual, group and family therapy with drug abusers, addicts, and families. Vocational assessment, counseling and placement of addicted and drug-free patients. Consultation and education with community agency groups.

### **Certifications**

PA Department of Labor and Industry, May 2, 2002

Fellow, American Board of Vocational Experts, September 1983

Diplomate, American Board of Vocational Experts, September 2003

**SOCIAL SECURITY ADMINISTRATION**

Re: 197-56-3849  
Trish Ann Fontana

Office of Disability Adjudication and Review  
SSA ODAR HEARING OFC  
SUITE 2308  
1000 LIBERTY AVENUE  
PITTSBURGH, PA 15222-4023  
Tel: 866-331-2291  
Fax: 412-644-4200

November 19, 2014

Trish Ann Fontana  
3130 GLENDALE AVE  
PITTSBURGH, PA 15227

**NOTICE OF HEARING-IMPORTANT REMINDER**

We recently mailed you a Notice stating the time and place of the hearing you requested. We enclosed with your Notice an Acknowledgement Form, which we asked you to complete and return. If you have **not** yet returned the Acknowledgement Form, please call the number listed above and tell us if you plan to come to your hearing. If you do not plan to come to your hearing, please tell us why you cannot come.

We expect you to be present at the hearing scheduled for:

**Day:** Wednesday      **Date:** December 03, 2014      **Time:** 10:30 AM Eastern (ET)

**Room:** 1      **Address:** WILLIAM S MOOREHEAD  
FEDERAL BUILDING  
SUITE 2308  
1000 LIBERTY AVENUE  
PITTSBURGH, PA 15222

If you do not appear at this hearing, and do not provide a good reason why you did not appear, the administrative law judge (ALJ) will **dismiss** your request for hearing without further notice. If the ALJ dismisses your request for hearing, the prior decision will become the final decision of the Commissioner on your application.

If you do not understand this notice, or if some unexpected problem arises, please call this hearing office at the phone number listed above.

Sincerely,

*Social Security Administration*



Trish Ann Fontana (197-56-3849)

Page 2 of 2

cc: Lawrence Bolind  
238 MAIN STREET  
IMPERIAL, PA 15126

**SOCIAL SECURITY ADMINISTRATION**

Re: 197-56-3849  
Trish Ann Fontana

Office of Disability Adjudication and Review  
SSA ODAR HEARING OFC  
SUITE 2308  
1000 LIBERTY AVENUE  
PITTSBURGH, PA 15222-4023  
Tel: 866-331-2291  
Fax: 412-644-4200

November 19, 2014

Trish Ann Fontana  
3130 GLENDALE AVE  
PITTSBURGH, PA 15227

**NOTICE OF HEARING-IMPORTANT REMINDER**

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We expect you to be present at the hearing scheduled for:

**Day:** Wednesday      **Date:** December 03, 2014      **Time:** 10:30 AM Eastern (ET)

**Room:** 1      **Address:** WILLIAM S MOOREHEAD  
FEDERAL BUILDING  
SUITE 2308  
1000 LIBERTY AVENUE  
PITTSBURGH, PA 15222

If you do not appear at this hearing, and do not provide a good reason why you did not appear, the administrative law judge (ALJ) will **dismiss** your request for hearing without further notice. If the ALJ dismisses your request for hearing, the prior decision will become the final decision of the Commissioner on your application.

If you do not understand this notice, or if some unexpected problem arises, please call this hearing office at the phone number listed above.

Sincerely,

*Social Security Administration*

Trish Ann Fontana (197-56-3849)

Page 2 of 2

Enclosures:

Form HA-L32 (Electronic Disability Claims Processing Insert)

Barcode Sheet

cc: Lawrence Bolind  
238 MAIN STREET  
IMPERIAL, PA 15126

### Electronic Disability Claims Processing

Social Security is changing from a paper to an electronic disability claims process in order to improve the quality and timeliness of our decisions. Your client's disability claim file is being processed electronically. Your claimant's rights under the Social Security Act remain the same.

When your client's case is exhibited, we will forward a copy of the file to you on a compact disc (CD). We will also provide you a copy of the file on CD on the day of the hearing. Should you require a copy of the file at any other time, please contact the hearing office.

Additional evidence should be submitted within the timeframes for the submission of evidence discussed in the notice. **The preferred way to submit evidence to the electronic folder is by using one of the following three methods:**

**Send the evidence using the Eletronic Records Express (ERE) website. If you have not registered to use the ERE website, contact your local hearing office.**

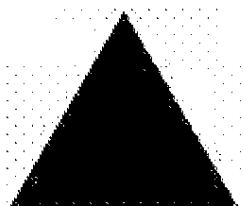
- o **Fax the evidence using this fax number -- (877)548-8812. Remember that the enclosed barcode must be the first page for each document being faxed.**
- o **Send the evidence to the contract scanner listed below. The barcode must be the first page of each document. DO NOT SEND ORIGINAL DOCUMENTS. DOCUMENTS ARE NOT RETURNED.**

**P. O. BOX 9033**

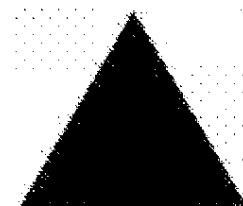
**LONDON, KY 40742-9033**

**You may also send the evidence by mail or deliver it to the hearing office but there may be a delay in associating the evidence with the electronic file.**

**NOTE:** The attached barcode pertains to your client's disability claim file only. Please keep the original barcode sheet for submitting all documents on this case. Bar codes may be used more than once when faxing evidence into the electronic file.



INSERT THIS END FIRST



**Please include this barcode cover sheet as the first page  
of each set of documents returned.**

**Fax the evidence to this fax number:**

**877-548-8812**



RQID:0000000000000000144673850 SITE:Y12 DR:S  
SSN:197563849 DOCTYPE:5032 RF:D CS:5b3a

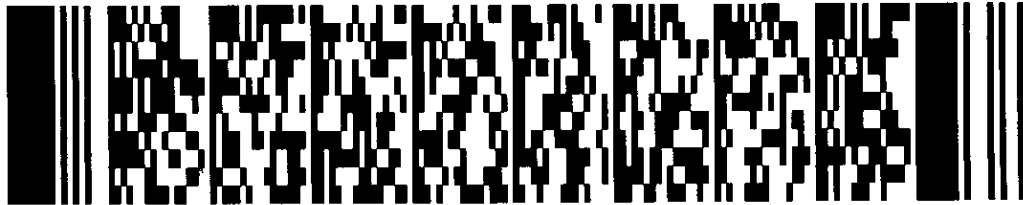
**Claimant: Trish Ann Fontana**

**SSN: 197-56-3849**



INSERT THIS END FIRST

Claimant Name. **Trish Ann Fontana**  
Document Description. **Request For Review Of Hearing Decision/order**  
Document date **04/06/2015**  
Undated **N**  
Sensitive **N**



RQID:0000000000000000153430695 SITE:Y86 DR:S  
SSN:197563849 DOCTYPE:3032 RF:D CS:f7e9

## SOCIAL SECURITY ADMINISTRATION/OFFICE OF DISABILITY ADJUDICATION AND REVIEW

Form Approved  
OMB No. 0960-0277

## REQUEST FOR REVIEW OF HEARING DECISION/ORDER

(Do not use this form for objecting to a recommended ALJ decision.)

(Either mail the signed original form to the Appeals Council at the address shown below, or take or mail the signed original to your local Social Security office, the Department of Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service Post and keep a copy for your records.)

See Privacy Act Notice

1 CLAIMANT NAME <b>TRISH ANN FONTANA</b>	CLAIMANT SSN <b>197 56-3849</b>
2 WAGE EARNER NAME, IF DIFFERENT	3 CLAIMANT CLAIM NUMBER, IF DIFFERENT

4 I request that the Appeals Council review the Administrative Law Judge's action on the above claim because

**THE CLAIMANT HAS DEMONSTRATED DISABILITY. JUDGE'S DECISION IS AGAINST THE WEIGHT OF THE EVIDENCE PRESENTED.**

## ADDITIONAL EVIDENCE

If you have additional evidence submit it with this request for review. If you need additional time to submit evidence or legal argument, you must request an extension of time in writing now. This will ensure that the Appeals Council has the opportunity to consider the additional evidence before taking its action. If you request an extension of time, you should explain the reason(s) you are unable to submit the evidence or legal argument now. If you neither submit evidence or legal argument now nor within any extension of time the Appeals Council grants, the Appeals Council will take its action based on the evidence of record.

IMPORTANT: WRITE YOUR SOCIAL SECURITY NUMBER ON ANY LETTER OR MATERIAL YOU SEND US. IF YOU RECEIVED A BARCODE FROM US, THE BARCODE SHOULD ACCOMPANY THIS DOCUMENT AND ANY OTHER MATERIAL YOU SUBMIT TO US.

SIGNATURE BLOCKS You should complete No. 5 and your representative (if any) should complete No. 6. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 6.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

5. CLAIMANT'S SIGNATURE <b>Trish Ann Fontana</b>	DATE <b>3-26-15</b>	6 REPRESENTATIVE'S SIGNATURE <b>L. E. Boland</b>	DATE <b>3-27-15</b>
PRINT NAME <b>TRISH ANN FONTANA</b>		PRINT NAME <b>LAWRENCE E. BOLAND, JR., ESQ.</b>	<input checked="" type="checkbox"/> ATTORNEY <input type="checkbox"/> NON-ATTORNEY
ADDRESS <b>3130 GLENDALE AVENUE</b>		ADDRESS <b>238 MAIN STREET</b>	
(CITY, STATE, ZIP CODE) <b>PITTSBURGH PA 15223</b>		(CITY, STATE, ZIP CODE) <b>IMPERIAL PA 15126</b>	
TELEPHONE NUMBER <b>(412) 882-0719</b>	FAX NUMBER <b>( ) -</b>	TELEPHONE NUMBER <b>(714) 695-8620</b>	FAX NUMBER <b>(714) 695-8621</b>

## THE SOCIAL SECURITY ADMINISTRATION STAFF WILL COMPLETE THIS PART

7 Request received for the Social Security Administration on <b>APR 06 2015</b>			
(Date)		(Print Name)	
(Title)	(Address)	(Serving FO Code)	(PC Code)
8 Is the request for review received within 65 days of the ALJ's Decision/Dismissal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. If "No" checked. (1) attach claimant's explanation for delay; and (2) attach copy of appointment notice, letter or other pertinent material or information in the Social Security Office			
10 Check one <input checked="" type="checkbox"/> Initial Entitlement <input type="checkbox"/> Termination or other		11. Check all claim types that apply:	
<b>APPEALS COUNCIL</b> <b>OFFICE OF DISABILITY ADJUDICATION AND REVIEW, SSA</b> <b>5107 Leesburg Pike</b> <b>FALLS CHURCH, VA 22041 - 3255</b>		<input type="checkbox"/> Retirement or survivors (RSI)	
		<input checked="" type="checkbox"/> Disability-Worker (DIWC)	
		<input type="checkbox"/> Disability-Widow(er) (DIWW)	
		<input type="checkbox"/> Disability-Child (DIWC)	
		<input type="checkbox"/> SSI Aged (SSIA)	
		<input type="checkbox"/> SSI Blind (SSIB)	
		<input type="checkbox"/> SSI Disability (SSID)	
		<input type="checkbox"/> Title VIII Only (SVB)	
<input type="checkbox"/> Title VIII/Title XVI (SVB/SSI)			
<input type="checkbox"/> Other - Specify: _____			

DMR-01

APR 06 2015

MAILROOM